

Case Number:	CM15-0132826		
Date Assigned:	07/20/2015	Date of Injury:	01/26/2010
Decision Date:	08/18/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male who sustained an industrial injury on 01/26/2010. Mechanism of injury occurred when he was mopping the floor and hit his hand on a door. Diagnoses include long-term use of medications, carpal tunnel syndrome, and pain in the chest NEC. Comorbid diagnoses include hypertension, diabetes, coronary artery disease, thyroid disease-status post thyroid surgery in 2013, and cardiac bypass surgery on 05/05/2011. He has multiple work injury claims, and the chronic right wrist is being addressed with this request. Treatment to date has included diagnostic studies, medications, physical therapy, hand therapy, status post release, first dorsal compartment, right wrist (de Quevain's release), on 06/25/2010, arthroscopic surgery on the right wrist on 02/09/2011, home exercise program, and Functional Restoration Program. He continues to work. His current medications include Relafen 500mg twice a day, Gabapentin 600mg 1-2 at bedtime, Tramadol-APAP 37.5-325mg 1 every 8 hours for pain, Aspirin EC 81mg daily, Benazepril Hcl 40mg daily, Finofibrate 54mg daily, Glipizide 10mg 2 daily, Levothyroxine 1 daily, Lovastatin 40mg daily, Metformin Hcl 1000mg 2 a day, Metoprolol Tartrate 25mg 1 a day, Motrin 3 daily, and Tylenol 3 daily. A physician progress note dated 06/16/2015 documents the injured worker has a history of chronic right hand and right shoulder pain. He reports pain level that is 8 out of 10 on the Visual Analog Scale. With his pain medications, his pain is reduced to 4-5 out of 10 on the Visual Analog Scale. He is able to cope better with less pain and he sleeps better at night. He denies any side effects of his medication. Repetitive motions aggravate his pain. Treatment requested is for Tramadol/APAP 37.5/325mg QTY: 90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol/APAP 37.5/325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 80-81, 93, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol Page(s): 76-79, 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Tramadol 37.5/325mg #90 is not medically necessary.